## Form (RF-3)

### **SUMMARY SHEET**

	Change in Company's premium of fac	e level produced by rate revision effective	September 1, 2006
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	· -	
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		· · · · · · · · · · · · · · · · · · ·
12.	Homeowners		
13.	Commercial Multi-Peril (BOP)	\$148,000	-3.5%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
oes fi	iling only apply to certain territory (te	rritories) or certain classes? If so, specify:	
NA			
		rates of an advisory organization, specify of	
		be applicable to loss costs contained in filin	g designation B-2001-RLA1
hat is	currently in use.		
	ljusted to reflect all prior rate changes		

\*\* Change in Company's premium level which will result from application of new rates.



American Hardware Mutual Ins Co
Name of Company

Michael Wiseman, FCAS, Treasurer
Official - Title

H29219D

### Form (RF-3)

#### **SUMMARY SHEET**

i.	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
lity r		
cal Damage r		
an Auto		
ìt		
iery		
e		
i-Peril	\$606,300	-20.9%)
Insurance	·	
ons.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(ic	If filing follows rons.	If filing follows rates of an advisory organization, specify ons.

American Har Iware Mutual Ins Co
Name of Company

H29219D

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAR 23 2006

SPRINGFIELD, ILLINOIS

Michael Wiseman,FCAS,Treasurer
Off cial - Title

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

		DIVISION OF INSUE
Form (RF-3)	SUMMARY SHEET	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR  MAR 2 & 200
Form (RF-3)  Change in Company's premiurevision effective 7/1/20  (1)	um or rate level psp	luced by rate
(1)	(2) Annual Premium	Percent (3)
Coverage	Volume (Illinois)	* Change ( or -) **
<ol> <li>Automobile Liability         Private Passenger         Commercial</li> <li>Automobile Physical Damage         Private Passenger         Commercial</li> </ol>		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners	47.7	2.59
13. Commercial Multi-Peril 14. Crop Hail	17,3	-3.5%
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: No. Filing appl		
Brief description of filing. (If organization, specify organization	filing follows rate	
GL-2005-BGL1 with no change to ou	r current multiplier	
* Adjusted to reflect all prior  ** Change in Company's premium le result from application of new	vel which will	
Comp		Sualty Insurance Company Company
	VillOand	
	Official	Actuarial Manager
	Official	- 110TG

#### **SUMMARY SHEET**

Change i	n Company's premium or rate level produc	ed by rate revision effective:	March 4, 2006
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	· · · · · · · · · · · · · · · · · · ·	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		<del></del>
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine	·····	
11.	Homeowners		
13.	Commercial Multi-Peril	200,000	-2.8%
14.	Crop Hail	200,000	-2.870
15.	Worker's Compensation		<del></del>
16.	Other		
10.	Line of Insurance		
oes filin	g only apply to certain territory (territories)	or certain classes? If so, specify	<b>:</b>
1		1	
	ription of filing. (If filing follows rates of a rate for company developed businessowners		organization):
	to reflect all prior rate changes.		
	in Company's premium level which		
will res	ult from application of new rates.		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR - 1 2006

SPRINGFIELD, ILLINOIS

COUNTRY Casualty Insurance Company Name of Company (

Ronald D. Pridgeon Chief Property/Casualty Actuary Official and Title

### **SUMMARY SHEET**

Change i	n Company's premium or rate level prod	duced by rate revision effective:	March 4, 2006
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
•	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial	<del></del>	
3.	Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4. 5.	Burglary and Theft Glass		
5. 6.			
0. 7.	Fidelity Surety		
7. 8.	Boiler and Machinery		·
o. 9.	Fire		
9. 10.	Extended Coverage	·	· · · · · · · · · · · · · · · · · · ·
11.	Inland Marine		
12.	Homeowners	<del></del>	
13.	Commercial Multi-Peril	15,100,000	-2.8%
14.	Crop Hail	13,100,000	-2.070
15.	Worker's Compensation		
16.	Other		· · · · · · · · · · · · · · · · · · ·
	Line of Insurance		
	g only apply to certain territory (territori	es) or certain classes? If so, specify	<i>y</i> :
ll territo	ries		
	ription of filing. (If filing follows rates rate for company developed businessow		organization):

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
MAR - 1 2006

SPRINGFIELD, ILLINOIS

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k	onal	ďD.	Prid	geoi	n	•		\		 	
C	hief	Prop	erty/	Cas	ualty.	Act	uary				
O	ffici	al ar	ıd Tit	le							

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# Section 784.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

### SUMMARY SHEET

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
utomobile Liability Private		
Passenger Commercial		
utomobile Physical Damage	<del></del>	<del></del>
Private Passenger		
Commercial lability Other Than Auto		
urglary and Theft	<del></del>	
lass		···
idelity wrety		
orecy oiler and Machinery	<del></del>	
ire		
xtended Coverage		
nland Marine Omeowners		
ommercial Multi-Peril Garage	\$46.121	0.000/
	-84/L171	0.00%
ther		
life of Incurance		
Life of Insurance		
oes filing only apply to certa	ain territory (territo	ories) or certain
Life of Insurance loes filing only apply to certal lasses? If so, specify:	ain territory (territo	ories) or certain
oes filing only apply to certa	ain territory (territo	ories) or certain
oes filing only apply to certalists: If so, specify:	(If filing follows ray	tes of an advisory
oes filing only apply to certal lasses? If so, specify:  rief description of filing.  organization, specify organization	(If filing follows rat	tes of an advisory
classes? If so, specify:  Prief description of filing.  Brianization, specify organization	(If filing follows rat	tes of an advisory
oes filing only apply to certal lasses? If so, specify:  rief description of filing.  organization, specify organization of specify organization our content of the second specify organization.	(If filing follows ration): This is an amend coverage to include No	tes of an advisory
oes filing only apply to certalasses? If so, specify:  rief description of filing, organization, specify organization Garage program that expands our Dealerships.  *Adjusted to reflect all print	(If filing follows rate changes	tes of an advisory Iment to our existing ew and Used Auto
oes filing only apply to certalasses? If so, specify:  rief description of filing, organization, specify organization Garage program that expands our Dealerships.  *Adjusted to reflect all print	(If filing follows rate changes	tes of an advisory Iment to our existing ew and Used Auto
oes filing only apply to certalasses? If so, specify:  rief description of filing, rganization, specify organization Garage program that expands our Dealerships.  *Adjusted to reflect all prion *Change in Company's premium	(If filing follows ration): This is an amend coverage to include New rate changes.  level which will resumed the sum of t	tes of an advisory Iment to our existing aw and Used Auto It from application of ual Insurance Co.
oes filing only apply to certalasses? If so, specify:  rief description of filing, organization, specify organization Garage program that expands our Dealerships.  *Adjusted to reflect all prior *Change in Company's premium	(If filing follows ration): This is an amend coverage to include New rate changes.  level which will resumed the sum of t	tes of an advisory Imment to our existing Ew and Used Auto  It from application of

Form (RF-3)

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial		
. Automobile Physical Damage		
. Liability Other Than Auto		
. Burglary and Theft		
. Surety		
		<u></u>
		· · · · · · · · · · · · · · · · · · ·
1. Inland Marine		
2. Homeowners	4.054.474	5.00/
3. Commercial Multi-Peril	1,354,174	-5.3%
4. Crop Hail		
5. Other		
Line of Incurance		
Line of Insurance		
	itories) or certain classes? If so, specify:	No .
oes filing only apply to certain territory (terri	s of an advisory organization, specify org	anization): Adoption of ISO
Line of Insurance oes filing only apply to certain territory (territory (territory) rief description of filing. (If filing follows rate M-2006-RLA1. Out Inland Marine business	s of an advisory organization, specify org	anization): Adoption of ISO
oes filing only apply to certain territory (territory description of filing. (If filing follows rate M-2006-RLA1. Out Inland Marine business	es of an advisory organization, specify org s is written under CMP.	anization): Adoption of ISO
rief description of filing. (If filing follows rate M-2006-RLA1. Out Inland Marine business	es of an advisory organization, specify org s is written under CMP.  n will result from application of new rates.	anization): Adoption of ISO
rief description of filing. (If filing follows rate M-2006-RLA1. Out Inland Marine business	es of an advisory organization, specify orges is written under CMP.  In will result from application of new rates.  Navigator	anization): Adoption of ISO  s Insurance Company
oes filing only apply to certain territory (territory description of filing. (If filing follows rate M-2006-RLA1. Out Inland Marine dusiness	es of an advisory organization, specify orges is written under CMP.  In will result from application of new rates.  Navigator	anization): Adoption of ISO
oes filing only apply to certain territory (terri	es of an advisory organization, specify org s is written under CMP.  In will result from application of new rates.  Navigator	anization): Adoption of ISO  s Insurance Company

